

CO-PARENTING MEDIATION INCOME SURVEY



- I. **HOUSEHOLD INFORMATION:** List yourself and all people living with you regardless of age or relationship to you. If any person is over 18 years of age, list their gross monthly income.

Names	Birth Date	Relationship to You	Monthly Income
		SELF	

II. FINANCIAL INFORMATION

- A. **Employment** — if not currently employed, list previous employer

Employer			
Address			
Phone No.			
Supervisor			
Type of Work			
Hourly Wage	\$	Number of hours per week	
Gross Monthly	\$	Date you began job	

- B. **Government Benefits** — how much you receive monthly from each

	AFDC	\$	
	Medical Card	yourself \$	children \$
	SSI	\$	
	General Assistance	\$	

C. **Other Income** — (T) Check all which apply

_____	Social Security	\$_____
_____	Veteran's Pension	\$_____
_____	Retirement/Pension	\$_____
_____	Rental Income	\$_____
_____	Unemployment Comp.	\$_____
_____	Disability Benefits	\$_____
_____	Alimony/Child Support (that you receive)	\$_____
_____	Other (specify)	\$_____

III. **STATEMENT OF VERIFICATION**

This must be completed and signed before the mediation session to have the fee reduced or waived. Incomplete or late surveys will not be accepted.

I verify under the penalties of perjury that the figures given above are true and correct, and that if any of these figures change I will inform the Co-Parenting Mediation Program immediately.

Signature

Date

For Office Use Only — Do not fill in blanks

		_____	Family Size	
\$_____	+	\$_____	=	\$_____
Gross Monthly Income		Benefits/Other Income		Total
			\$_____	Fee